



													App	rove	t	De	ecline	d	
Insert t	Insert the Individual Registration and PD Resolution Numbers, here-below, if the FLISP Application is Approved:																		
Individu Registra	ual ation No.								idual PD lution No.										
If the a	pplication is declir	ed, state	the <b>re</b>	eason	(s) foi	r the o	decli	ine:											
1.																			
2.																			
3.																			
4.																			
In cas	e of incompleto	inform	atio	n, co	ntac	<b>t:</b> [to	be co	omplet	ed by app	licant]									
Full Nar	mes:																		
Address	<b>s:</b>																		
									Postal Co	de:									
Telepho	one Home:	[code:	]						Work:		[coc	le:		]					
Cell-pho	one:	[code:	]						Fax:		[coc	le:		]					
Email a	ddress:																		
In the Application Form "PD" means the "Provincial Department" responsible for Housing and Human Settlements issues; and the "NHFC" refers to the "National Housing Finance Corporation", which is acting as the Implementing Agent on behalf of the relevant Provincial Department for the administration of FLISP in the Province.																			
	For office * Tick (✓)	use only																	

TA	TABLE 1								
	All documents must be CERTIFIED COPIES and must be kept by the NHFC/PD (confirm receipt thereof by inserting a  or  in the applicable box)  Applicant  Spouse Official use only								
1.	R.S.A. Bar Coded Identity Document (where applicable)								
2.	Bar Coded Permanent Residence Permit (where applicable)								
3.	Birth Certificate bearing the 13-digit ID Number / RSA ID of all financial dependents listed								
4.	*Marriage Certificate, Civil Union Certificate or Co-habiting Affidavit (where applicable)								
5.	Divorce Settlement documents, including proof children custody (where applicable)								
6.	Spouse's Death Certificate (where applicable)								
7.	Proof of Monthly Income								
8.	Home Loan Approval in Principle / Grant Letter as issued by Lender / Bank (where applicable)								
9.	Agreement of Sale (where applicable)								
10.	Building Contract and Approved Building Plan (where applicable)								
11.	Court orders or orders issued by the Commissioner of Child Welfare as proof of guardianship for foster children (where applicable)								
* Af	* Affidavits required in respect of informal marriages solemnised in terms of SA Civil Law and accompanied by sworn statements to prove the authenticity								

П	Ajjidavits required in respect of informal marriages solemnised in terms of SA Civil Law and accompanied by Sworn statements to prove the duthenticity
	of the relationship of the applicants

TABLE 2(i) (for Office use only)							
	DROCESS DECORD	DATE	SIGNATURE				
	PROCESS RECORD	DATE	Official	Supervisor			
1. Application Received							
2. Electronic Procedural Ch	eck						
3. Application Returned for	Correction from PD						
4. Application Returned Co.	rrected						
5. Data Captured							
6. Data Verified							
	a) Home Affairs						
	b) Deeds Office						
7. Searches Completed:	c) National Housing Database Programme						
7. Searches Completed.	d) PERSAL, where applicable						
	e) UIF						
	f) GEPF, where applicable						
8. Date Subsidy Approved b							
9. Date Applicant notified o	f PD's decision						

TABLE 2(ii): FUNDING DETAILS IN RESPECT OF PURCHASE OF PROPERTY (for Office use only)							
TOTAL PRODUCT PRICE	R						
a) Subsidy	R						
b) Amount of Home Loan	R						
c) Own Cash Contribution (if any)	R						
Total:	R						
d) Subsidy amount qualified for	R						
e) Total Bond qualified for	R						
Total Subsidy Amount Qualified for:	R						



SECTION A: PERSONAL DETAILS: (To be completed by all Applicants)											
A "Spouse" is defined as a Husband, Wife or Long Term Partner co-habiting with the Applicant for a period of at least 6 months in succession at the time of application.											
Marital Status: Period Marital Status Period											
Married		Habitually ( long term p									
Divorced with dependants				Divorced w	thou	it dependants					
Single with dependants				Single with	ut d	ependants					
Widow/Widower with dependants				Widow/Wid dependants		er without					
DETAILS of the APPLICANT(S)  SPOUSE (or Deceased Partner)											
Surname:	Surname:										
Maiden/Former Surname:											
Full Names (first3 only):											
Gender:	Male		Female			Male		Fema	ale		
Race{ For Statistical	African		White			African		Whit	:e		
Purposes }:	Coloured		Indian			Coloured		India	ın		
If "other" specify:	Other					Other					
RSA ID Number:											
	1 1				1						<u> </u>
Residential Address:											
					Ро	stal Code:					

SECTION B: DETAILS OF ALL DEPENDANTS																		
Surname	Initials		ID / 13-digi			igit Digit Birth Certificate No.									Relationship to Applicant	Ger	Gender	
																F	M	
																F	M	
																F	M	
																F	M	
																F	M	
																F	M	



SECTION C: MONTHLY INCOME DETAILS (to be completed by Applicant)								
[(*) if "Yes, insert details, e.g. Name of Employer if Employed, type of Social Grant, etc.]								
			Applica	int		Spouse		
	Fulltime Employed *							
Indicate if you are:	Self Employed *							
	Social Welfare *							
Basic Monthly Income:					R			
Housing Allowance Payable (Loan Interest Subsidy):					R			
Social Welfare Grant:		R			R			
TOTAL:					R			
JOINT TOTAL (Applicant	and Spouse)	R						
Amount of Bond Applied	d for	R						
SECTION D: DETAILS OF CITIZENSHIP (To be completed by Applicant)								
Are you a South African	Citizen				YES	NO		
If you are not a South At	rican Citizen supply the fol	lowing:						
Country of which	you are a Citizen							
South African Per	manent Residence Permit N	Number						
Date Permit was I	ssued							
SECTION E: DETAI	LS OF PROPERTY TO	BE PURCI	HASED WITH	SUBSIDY	To be complete	ed by Applicant)		
Name of Seller:								
District:			Municipality:					
Township:			Erf (Stand) / Lo	t Number:				
Township Extension:		Unit Number:						
Description of	Flat (Name of Building and Street Address)							
Dwelling	House (Street Address)							
Tune of Tonura	Ownership		Oth	ner <i>, specify</i> :				
Type of Tenure								



SECTION F: DETAILS OF CONVEYANCER										
SECTION F: DETAILS										
Name:										
Postal Address:										
			Postal code:							
Conveyance Fee:	R									
Approval Code of Lender:										
Telephone no.:	[code:	]	Fax no.:	[code:	]					
Email address:										
SECTION G: DETAILS	OF LEND	DER FOR A FLISP APPLICATION								
Name:										
Postal Address:										
			Postal code:							
Approval Code of Lender:										
Telephone no.:	[code:	]	Fax no.:	[code:	1					
Email address:										
CECTION II DETAILC	SECTION H: DETAILS OF CONTRACTOR/BUILDER (to be completed by Contractor/Builder)									
SECTION H: DETAILS	OF CON	TRACTOR/BUILDER (to be comple	eted by Contrac	tor/Buildei	7)					
Name:										
Postal Address:										
			Postal code:							

Fax no.:

[code:

]



NHBRC Registration no.:

[code:

]

Telephone no.:

Email address:

## **AFFIDAVIT BY APPLICANT & SPOUSE/PARTNER\***

FLISP Conditions:	
I/We,	
	(full names)

The undersigned applicant, do hereby solemnly / under oath\*\* declare:

- 1. That all the information contained in this FLISP Application form is true and correct and that all material facts have been disclosed therein.
- 2. That neither I nor my 'Spouse' (as defined in Section A of this form)
  - a. Currently owns or has ever previously owned any residential property in full ownership, leasehold or deed of grant; has ever purchased a State-subsidised residential property of which transfer has not yet been taken;
  - b. has previously received financial assistance from the Government of the Republic of South Africa or Independent development Trust or the former Self Governing Territories or TBVC States or any other State financed subsidies in order to acquire a residential property; and have estates that, at the date of this application, have been sequestrated or made insolvent.
  - c. That the information supplied with regard to dependants, is correct.
- 3. That all details given in this application form with regard to me/us, income and employment status is true and correct.
- 4. I/We, further acknowledge:
  - a. That should the property which we are to acquire not have been transferred to us within three months after the date on which the Provincial Department has made the subsidy amount available to us, the Provincial Department shall, at its discretion, be entitled to withdraw the subsidy.
- 5. That we are aware that if any information supplied by us in this application is incorrect or fraudulent, the Provincial Department may take appropriate legal action against us and may also institute a criminal prosecution.
- 6. That the FLISP subsidy is a once-off amount that must be used to reduce the principal Loan amount to render the Loan repayment instalments affordable or to make good any shortfall between the qualifying Loan amount and the purchase price of the Unit, provided that the purchase price of a Unit may not exceed R300 000 (three hundred thousand rand) inclusive of value added tax (VAT) for the 2012/13 National Government financial year and shall not be used to increase the principal loan amount or to finance the costs attached to the transfer or the property or the registration of the mortgage bond.
- 7. That I have read the FLISP Conditions of Subsidy and fully understand the conditions as set our therein.



APPLICANT	SPOUSE/PARTNER
Full names and Surname:	Full names and Surname:
I.D. Number:	I.D. Number:
SIGNATURE OF APPLICANT	SIGNATURE OF SPOUSE/PARTNER
	COMMISSIONER OF OATHS
I CERTIFY that the Deponent/s has/have acknowledged that	he/she/they* know and understand the contents of their
	before me aton this day of
of the year 20	OFFICIAL DATE STAMP
	Full names and Surname:
	Identity Number
	Capacity:
	Postal Address:
	Area:
SIGNATURE OF COMMISSIONER OF OATHS	

